

# ADOPTIVE FAMILY ASSESSMENT ADDENDUM

Michigan Department of Human Services

**"Click here to enter agency name and address"**

Father's Name:	Home Phone Number:
Mother's Name:	Work Phone Number:
Address:	Cell Phone Number:

Adoption Worker:	Agency:	Report Date:
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## DATES OF CONTACT

Dates	With whom (include role/position)	Type and reason
<b>"Click here and type"</b>		
Current Household Members:		
Any Changes In Living Arrangements Or Financial Status:		
Current Health Report (include any new physical or mental conditions):		
Current References (within 12 months or if family has adopted a child since last assessment):		
Current Record Clearances:		
Other Significant Factors:		
Type of Child Desired:		

### If there is an identified child/children for this adoptive family, complete the following questions:

1. What are the applicant's expectations of adoption?
2. What are the extended families' attitudes toward adoption?
3. What are the family's plans to discuss adoption with the adopted child(ren)?
4. How will the applicant(s) assist the child(ren) in maintaining relationships with siblings or other significant persons (if appropriate)?
5. For relative adoptions: How has the prospective adoptive family demonstrated the willingness and ability to keep the child safe from continuing physical or emotional harm from the birth parents?
6. If the number of children who are currently in the home, or will be placed in the home for adoption:
  - is four or more, or
  - will result in more than three children under the age of 3 in the home, or
  - will result in a total of 6 or more children in the home,document the family's ability to care for a large sibling group (see CFA 510 for requirements).
7. What are the alternate care plans for the permanent care of the child(ren)? Include more extensive details if the applicant(s) age and/or health status are assessed to be a concern. (See CFA 510 for requirements.)
8. If applicable, summarize the professional references (DHS-610) received for the adoptive family.
9. If applicable, summarize any Adult Child References (DHS-611) received for the adoptive family.

10. The following specific child(ren) are identified for adoption by the adoptive family:

11. The following training or support needs have been identified for the adoptive family:

Recommendation:

Adoption Worker Signature:

Date

Adoption Supervisor Signature:

Date

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